

Quality Council
Monday, February 24, 2003
3:30-5:00 p.m.
Conference Room 6A, Exchange Building
821 Second Avenue, Seattle WA 98104

Members Attending:

Ron Sterling, Chair
Alice Howell
Frank Jose
Rich Hart
Alberto Gallegos
Eleanor Owen
Debra Roszkowski

Excused:

Jack Fuller

Staff Present:

Liz Gilbert

Guests

Howard Miller, Chair, King County Mental Health Advisory Board

I. CALL TO ORDER

Chairman Ron Sterling called the meeting to order at 3:30 p.m.

II. INTRODUCTIONS

Meeting participants introduced themselves.

III. ANNOUNCEMENTS

- Frank Jose provided a hand out describing proposed Mental Health Parity legislation (HB 1828), and a brochure he encouraged members to use when contacting the elected officials in their home districts and asking for support.
- Ron Sterling announced that the Quality Council now has it's own home page on the King County Mental Abuse & Dependency Services Division website. He encouraged members to access it. Ron asked Liz to have the most current meeting notes posted to the site, noting that a few months are missing. The site address is: <http://www.metrokc.gov/dchs/mhd/qc/index.htm>

IV. RSN UPDATE – Liz Gilbert

- Liz provided members with copies of the UBH Retention Report. The report provides information about provider efforts toward improving the retention of case managers. UBH was required to submit this report to MHCADSD as a contract deliverable.
- Liz handed out a template for a report required by the state Mental Health Division. The MHD is required to submit this report to the Centers for Medicare & Medicaid Services in conjunction with its upcoming waiver requests.¹ This report has been sent to the contracted mental health agencies in King County, and when completed, will incorporate information about the ratio of providers to consumers, the geographic distribution of providers across the county, the types of mental health specialists and programs offered by each provider, and the number of providers that speak languages other than English, broken out by language. Liz indicated the completed report should provide information that is relevant to the Quality Council's interest in issues related to case manager turnover.
- Liz provided an update on the actuarial study the MHD is conducting (see January 2003 for additional details) as required by the federal Balanced Budget Act. The RSN has received a data request from the MHD, but is concerned because it is not inclusive of all expenditures – some administrative and direct service expenditures relevant to the RSN were not included. The RSN plans to include the missing expenditures in its report to the MHD to assure a comprehensive, accurate portrayal is provided.
- Representatives from RSNs are meeting at the Western State Hospital Institute over the next three days to negotiate the next biennial revenue contract with the MHD.
- The MHD is working to reduce the current level of administrative burden. There are a host of new federal requirements, so the MHD plans to reduce as many state-generated requirements as possible, and replicate what is required at the federal level. The RSN has recently completed a comparison of requirements in its current revenue contract, and WAC 388-865 (the community mental health and involuntary treatment program administrative codes) to federal Balanced Budget Act requirements. While there is some crossover, there is considerable contrast in requirements.

V. AFTER-HOUR CRISIS RESPONSE PROJECT

Alice Howell indicated there is nothing new to report. Frank spoke about the type of final recommendations he expects the after hour crisis response group to make: greater emphasis on standards, including consistent response times, services, training, and provider evaluation of services they may be purchasing. Principles have been developed, but proposed standards are not finalized. Some members then spoke about telephone response procedures utilized by the Crisis Clinic. There were concerns about the use of a voice mail system when a direct line is not available.

¹ The state mental health system operates under a 1915(b) waiver that allows the state to operate outside of certain specified standard of the federal Medicaid program, insofar as the state can adequately demonstrate the waiver won't compromise client care or administrative requirements.

VI. NON-MEDICAID WORK GROUP

Frank provided a briefing on the Non-Medicaid Work Group that he had just attended. The amount of revenues dedicated to people not enrolled in Medicaid has declined 80% over the past two years. The RSN developed an allocation methodology designed to target individuals who are “most in need” of mental health services, are not enrolled in Medicaid, and do not have other means for accessing mental health services. At present, high utilizers of hospitals and jails/prisons are given first priority (there are additional criteria), but only three mental health agencies are filling the Non-Medicaid slots apportioned to them. Frank expressed concerns that overly restrictive criteria shifts the burden to community health clinics, and that the RSN is not addressing the overall reduction in Medicaid eligibility that will place current service recipients at risk of becoming ineligible for RSN services. Jean Robertson and Shelle Crosby are RSN leads for this work group.